



DEPARTMENT OF PLANNING &  
BUILDING  
BUILDING DIVISION  
276 Fourth Avenue Chula Vista CA 91910  
619-691-5272 619-585-5681 FAX

# ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION

## FORM 4552 (2 pages)

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #		
1. Type of notification (O=Original R=Revised C=Cancelled):					
2. Facility information (Identify owner, removal contractor, and other operator)					
<b>Owner Name:</b>					
Address:					
City:	State:	Zip:			
Contact:	Telephone #:				
<b>Removal contractor:</b>					
Address:					
City:	State:	Zip:			
Contact:	Telephone #:				
<b>Other operator:</b>					
Address:					
City:	State:	Zip:			
Contact:	Telephone #:				
3. Type of Operation (D=Demo O=Ordered Demo R=Renovation E=Emer. Renovation):					
4. Is asbestos present? (Yes/No)					
5. Facility Description ( Include building name, number and floor or room number)					
Bldg. Name:					
Address:					
City:	State:	Zip:			
Site Location:					
Building Size:	# of Floors:	Age in Years:			
Present Use:		Prior Use:			
6. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:					
7. Approximate amount of asbestos material: a. Regulated ACM to be removed b. Category I ACM not removed c. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below	
		Cat. I	Cat. II	Unit	
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:

Vol. RACM off Facility Component				CuFt:	Cu m:
8. Scheduled dates asbestos removal (mm/dd/yy) Start: Complete:					
9. Scheduled dates demo/renovation (mm/dd/yy) Start: Complete:					
10. Description of planned demolition or renovation work, and method (s) to be used:					
11. Description of work practices & engineering controls to be used to prevent emissions of asbestos at the demolition and renovation site:					
12. Waste Transporter #1					
Name:					
Address:					
City:			State:	Zip:	
Contact Person:			Telephone:		
<b>Waste Transporter #2:</b>					
Name:					
Address:					
City:			State:	Zip:	
Contact Person:			Telephone #:		
<b>13. Waste Disposal Site</b>					
Name:					
Location:					
City:			State:	Zip:	
Contact:			Telephone#:		
<b>14. If demolition ordered by a government agency, please identify the agency below:</b>					
Name:			Title:		
Authority:					
Date of Order (mm/dd/yy)			Date Ordered to Begin (mm/dd/yy)		
<b>15. For Emergency Renovations</b>					
Date and Hour of Emergency (mm/dd/yy)					
Description of the Sudden, Unexpected Event:					
Explanation of how the event caused unsafe conditions, or would cause equipment damage or an unreasonable financial burden:					
<b>16. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.</b>					
<b>17. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be onsite during the demolition or renovation &amp; evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.</b>					
				(Signature of Owner/Operator)	(Date)
<b>18. I certify that the above information is correct.</b>					
				(Signature of Owner/Operator)	(Date)